

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018329

FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1			
2		1	1		
3	1		1		
4	2		1		
5	2		1		
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TOTAL CLAIMS					